

however, we do not think that seeing the glass half full equates with presenting "an unduly optimistic portrayal of American physicians' viewpoints." In fact, we would argue that up until this time, physicians and the media have painted an unduly pessimistic picture of what it is like to be a physician today. As a colleague recently wrote to us, "We tend to be louder wailing than laughing." The truth is that for most of us, the benefits of helping patients and having meaningful relationships with them continue to outweigh the hassles posed by challenges to our autonomy and professional satisfaction. We would rather savor the half glass of milk that remains than lament over the half glass that is missing.

It is encouraging that despite negative publicity about our profession, applications to medical schools continue to rise. Talented young persons, presented with a wide menu of fascinating and challenging careers, are opting for medicine in record numbers. Preliminary data from a survey of premedical students suggest that these applicants have realistic expectations of what a medical career would be like (J. Chuck, MD, P. Van Houten, PhD, Office of Career and Graduate School Services, University of California, Berkeley, unpublished data, 1993). In addition, a large number of established professionals continue to leave their jobs to become physicians. In interviewing this type of applicant to our medical school, we often hear comments like, "I want to help people on a one-on-one basis and to see the results of my efforts." We challenge practicing physicians to critically compare and contrast their current profession with others that they might have pursued or would consider pursuing in the future. We think most will conclude that, all things considered, the grass is greenest on our side of the fence where every patient interaction gives us the opportunity to help our fellow humans in an important and meaningful way.

JOHN M. CHUCK, MD
THOMAS S. NESBITT, MD, MPH
Dept of Family Practice
University of California, Davis,
School of Medicine
2221 Stockton Blvd
Sacramento, CA 95817

Are Performers Special Patients?

TO THE EDITOR: We wish to comment on the review, "Performing Arts Medicine," by Ostwald and colleagues in the January 1994 issue.¹ As primary care physicians, we appreciate this information because understanding the special problems of performers will enhance the accuracy of our diagnoses and increase the likelihood of rapid, appropriate therapy for our patients.

Unfortunately, the implication in the authors' discussion of upper respiratory tract illnesses and allergies among singers cannot go unchallenged. They discourage a wait-and-see approach and advocate quick intervention because of the level of anxiety that artists experience and because of the possibility of a canceled performance. We cannot agree that artists are entitled to more rapid or—allegedly—superior health care than our other patients who also face time off work or other equally good reasons

to avoid the inconvenience of self-limited illness. All our patients deserve the best we have to offer each time we see them, independent of their livelihood.

We are disturbed by the authors' suggestion that we should use powerful broad-spectrum antibiotics to manage ailments that are almost entirely viral or allergic in origin. Is there evidence that performers respond better than other people when given a broad-spectrum antibiotic for a cold?

ROGER P. KENNEDY, MD
DAVID L. SHEARN, MD
Department of Internal Medicine
Kaiser Permanente Medical Center
900 Kiely Blvd
Santa Clara, CA 95051-5386

REFERENCE

1. Ostwald PF, Baron BC, Byl NM, Wilson FR: Performing arts medicine. *West J Med* 1994; 160:48-52

* * *

Drs Ostwald, Baron, Byl, and Wilson Respond

TO THE EDITOR: We were happy to read the appreciative response to our recent article on performing arts medicine; however, Drs Kennedy and Shearn appear to have misinterpreted our comments regarding the care of vocal performers. Efficient and rapid treatment of a singer or actor does not imply that performing artists deserve superior health care. The approach is patient-specific, as it always should be with good medicine. We point out that singers and actors are in fact affected very differently by sinusitis or acute laryngitis than patients with another livelihood. Such conditions may not mean time off work for the latter, nor do throat problems necessarily imperil the career of a nonsinger.

Regarding comments about antibiotics, we mention in a general sense that amoxicillin clavulanate or cephalosporins are appropriate for some illnesses such as sinusitis and laryngopharyngitis, which are often bacterial. We did not intend to suggest that these medicines be used to treat a cold.

PETER F. OSTWALD, MD
BARRY C. BARON, MD
NANCY M. BYL, MPH, PT, PhD
FRANK R. WILSON, MD
Health Program for Performing Artists
University of California, San Francisco,
School of Medicine
401 Parnassus Ave
San Francisco, CA 94143-0984

Recurrent Nonsuppressible Secondary Hyperparathyroidism Following Subtotal Parathyroidectomy

TO THE EDITOR: We report a case of severe, recurrent, secondary hyperparathyroidism. Although subtotal parathyroidectomy is typically advocated for patients with uremia,¹ close postoperative surveillance is crucial: nonsuppressible secondary hyperparathyroidism is a potentially life-threatening condition in these patients.

Report of a Case

The patient, a 28-year-old woman, was transferred to